

DO/US WORKSHEET

INTERNATIONAL APPLICATION NUMBER <u>PCT/JP91/00861</u>		PRIORITY DATE <u>27 June 90</u>	CH. II <input type="checkbox"/>	<input type="checkbox"/> 20 <input type="checkbox"/> 30 MO. DUE DATE: <u>27 Feb. 1992</u>
INTERNATIONAL FILING DATE <u>26 June 1991</u>		FIRST NAMED APPLICANT FOR DO/EO/US <u>KONNO, Jun-ichi et al.</u>		TOTAL NUMBER
LANGUAGE OF FILING ENGLISH FRENCH GERMAN JAPANESE RUSSIAN SPANISH	LANGUAGE OF PUBLICATION <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> GERMAN <input checked="" type="checkbox"/> JAPANESE <input type="checkbox"/> RUSSIAN <input type="checkbox"/> SPANISH <input type="checkbox"/> NOT PUBLISHED: <input type="checkbox"/> U.S. ONLY DO/EO <input type="checkbox"/> AS OF EP REQUEST	PUBLICATION NO. <u>W092/00601</u> DATE <u>09-01-92</u> GAZETTE ISSUE		DATE OF RECEIPT OF: PCT/IB/302 <u>29 July 91</u> PCT/IB/304 PCT/IB/310 (A) <u>24 JAN 92</u> PCT/IB/310 (PD)
20 RECEIPTS FROM IB		<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> FROM APPLICANT <input type="checkbox"/> IB LATE <input type="checkbox"/> EP REQUEST		
ITEM	COMPLETE	REMINDER MAIL DATE		
REQUEST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO DRAWINGS ON FILING		
DESCRIPTION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ARTICLE 17 DECLARATION		
CLAIMS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NOT AMENDED <input type="checkbox"/> PUB. BEFORE TIME LIMIT		
DRAWING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL PRIORITY DOCUMENTS		
SEARCH REPORT ORIGINAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SEARCH REPORT ENGLISH	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
AMENDED CLAIMS	<input type="checkbox"/> YES <input type="checkbox"/> NO			
PRIORITY DOCUMENT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO			
RECEIPTS FROM APPLICANT UNDER 35 U.S.C. 371				
ITEM	COMPLETE AT	COMPLETE AT		
NATIONAL FEE	<input checked="" type="checkbox"/> 20 <input type="checkbox"/> 30 MO.	<input type="checkbox"/> 22 <input type="checkbox"/> 32 MO.		
OATH/DECLARATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> SURCHARGE <input type="checkbox"/> NO		
TRANSLATION OF:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> SURCHARGE <input type="checkbox"/> NO		
REQUEST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PROCESSING FEE		
DESCRIPTION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO TRANSLATION REQUIRED		
CLAIMS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ABSTRACT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
WORDS IN DRAWING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARTICLE 19 AMDT.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE		
(TO CLAIMS: MUST BE RECEIVED BY 20 OR 30 MOS.)		<input type="checkbox"/> CANCELLED		
ART. 36(3) AMT. <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NONE		
(TO <input type="checkbox"/> CLAIMS <input type="checkbox"/> DESCRIPTION <input type="checkbox"/> DRAWING: <input type="checkbox"/> CANCELLED IF NOT BY 32 MO.)				
OTHER RECEIPTS FROM APPLICANT AND DATE RECEIVED:				
REQUEST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
RECEIVED BEFORE: <input type="checkbox"/> 16 MO SEARCH REPORT <input type="checkbox"/> 18 MO PUB <input type="checkbox"/> ART 20 FROM IB				
FORMALITIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OATH/DECLARATION				
OTHER: _____				